



# **COVID-19 Chicago Long Term Care Roundtable**

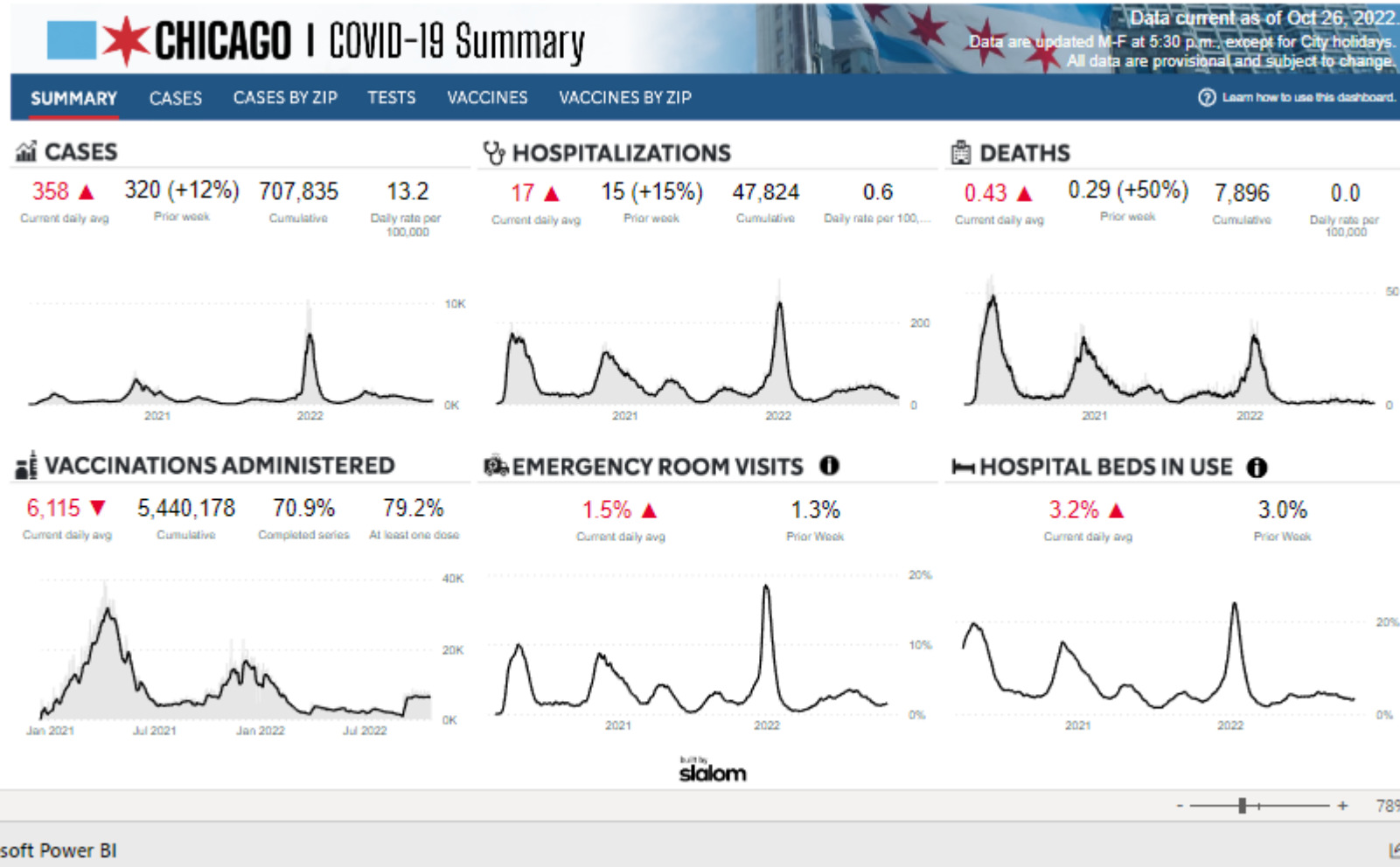
10-27-22



# Agenda

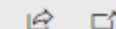
- COVID-19 Epidemiology
- COVID Reminders, Updates, and FAQs
- Influenza Therapeutics
- Questions & Answers

# Chicago Dashboard



Microsoft Power BI

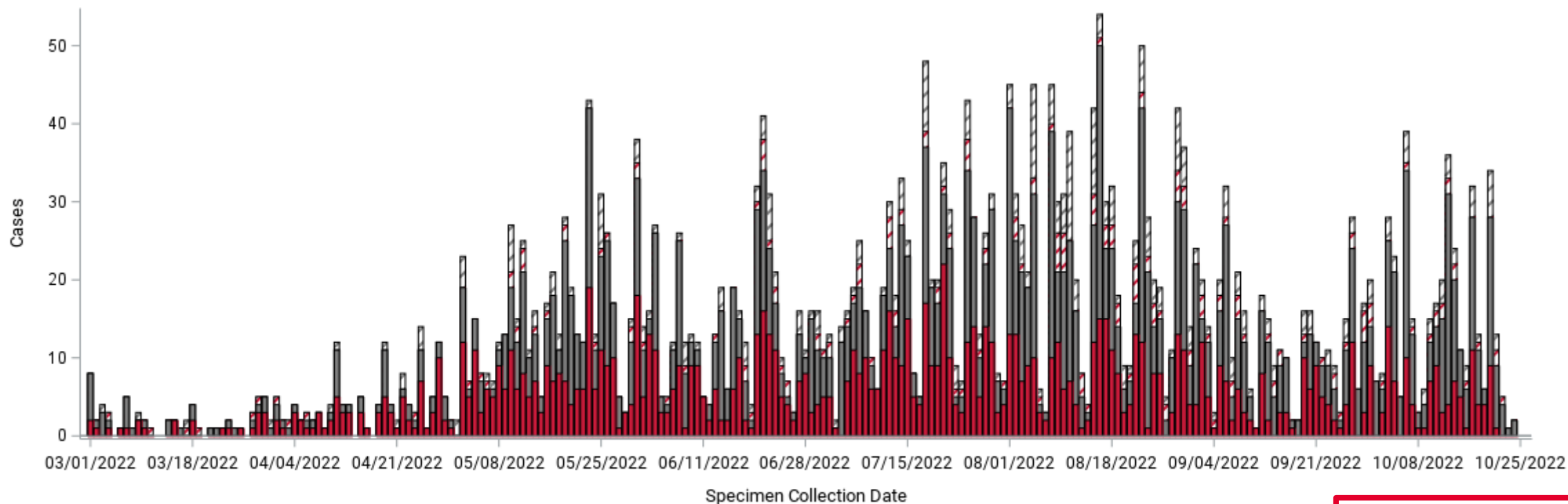
78%





# Skilled Nursing Home COVID-19 Cases

(Mar. 1, 2022 – Oct. 25, 2022)



Not Fully Vaccinated Resident Not Fully Vaccinated Staff Fully Vaccinated Resident Fully Vaccinated Staff

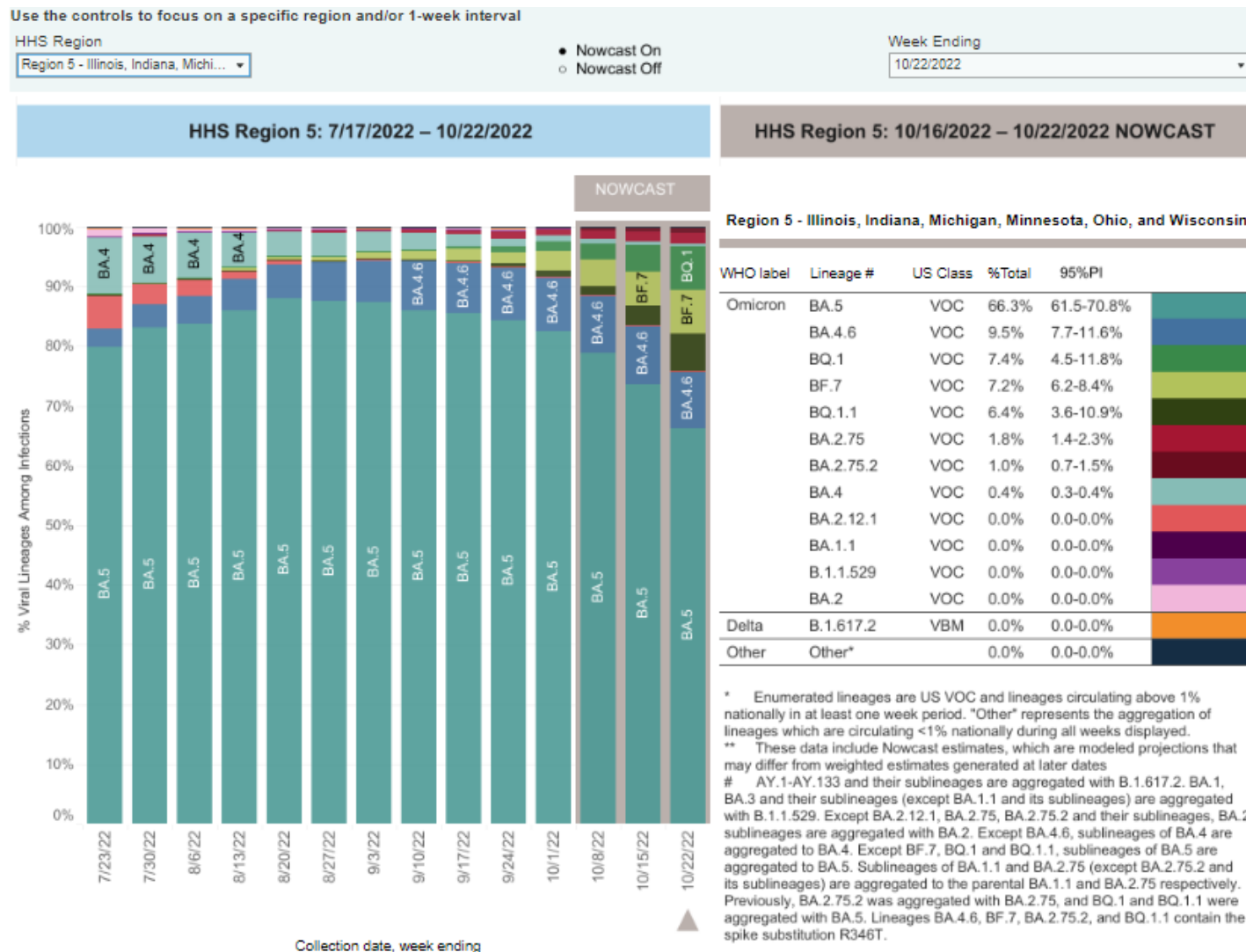
Data Sources: INEDSS (Illinois state) and REDCap (facility self report)

A fully vaccinated case occurs when the positive test specimen was collected at least 14 days after the individual completed their COVID vaccination

Fully vaccinated cases may be underestimated due to delayed reporting

**48 (61%) SNFs  
have active  
outbreaks**

# COVID-19 Variant Proportions



# ★ Reminder: CDC COVID Data Tracker

Indicator - If the two indicators suggest different transmission levels, the higher level is selected	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100
Percentage of NAATs <sup>1</sup> that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥10.0%

**Note:** Community level metrics are updated every Thursday and community transmission metrics (including the map) updated daily

# CDC COVID Data Tracker: Cook County



## COVID-19 Community Level

● Low

### Recommended actions based on current level

Stay [up to date](#) with COVID-19 vaccines. [Get tested](#) if you have symptoms. Wear a mask if you have symptoms, a positive test, or exposure to someone with COVID-19. Wear a mask on [public transportation](#).

You may choose to wear a mask at any time as an additional precaution to protect yourself and others.

### Weekly Metrics Used to Determine the COVID-19 Community Level

Case Rate per 100,000 population	71.78
New COVID-19 admissions per 100,000 population	8.2
% Staffed inpatient beds in use by patients with confirmed COVID-19	3.2%

[How are COVID-19 Community Levels calculated?](#)

*Note: The COVID-19 Community Level and associated metrics presented above are updated weekly **on Thursday**; the values for the same hospital-based metrics presented below may differ because they are updated daily.*

[Testing](#)

[Vaccinat](#)

[Hospital](#)

[Commu](#)

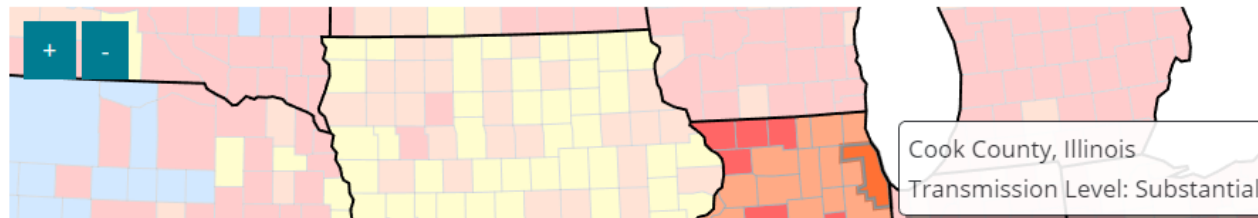
[Data Do](#)

Data Type:

Community Transmission

Map Metric:

Community Transmission



# ★ Update: Minimum Routine Staff Testing Frequency

Vaccination Status	Community Transmission Level	Testing Frequency
<b>Not up to date*</b>	All	2x a week (as per Illinois Emergency Rule)
<b>Up to date</b>	All	No required routine testing**

\* An individual has not received all COVID-19 vaccinations for which they are eligible

\*\* Unless symptomatic, had a high-risk exposure, or indicated for outbreak testing





# Update: Minimum Routine Resident Testing Frequency

Resident Category	Community Transmission Level	Routine Testing Frequency
<b>Residents (excluding new/readmissions)<sup>1,2</sup></b>	All	No required routine testing
<b>New and readmissions<sup>1,3</sup></b>	High	Upon admission, 48 hours after 1 <sup>st</sup> negative test, 48 hours after 2 <sup>nd</sup> negative test
<b>New and readmissions<sup>1,2</sup></b>	Not High	Facility discretion

<sup>1</sup>Regardless of vaccination status

<sup>2</sup>Unless symptomatic, following a high-risk exposure, or indicated for outbreak testing

<sup>3</sup> Excludes asymptomatic residents who were COVID+ within the prior 30 days; if testing between 31-90 days, use an antigen test instead of a NAAT

# ★ Reminder: Rescinded QSO Memo

- QSO-22-25-CLIA has been rescinded
- Should ideally use tests that are indicated for asymptomatic individuals, but can still use tests that are only indicated for symptomatic individuals (e.g., can continue to use BinaxNOW antigen cards)

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

**DATE:** September 26<sup>th</sup>, 2022 **Ref: QSO-22-25-CLIA**  
**TO:** State Survey Agency Directors  
**FROM:** Director, Quality, Safety & Oversight Group (QSOG)  
**SUBJECT:** CMS Rescinds December 7, 2020, Enforcement Discretion for the Use of SARS-CoV-2 Tests on Asymptomatic Individuals Outside of the Test's Instructions for Use

**Memorandum Summary**

CMS is issuing this memorandum to rescind the December 7, 2020, Enforcement Discretion regarding the enforcement of the use of SARS-CoV-2 tests on asymptomatic individuals outside of the test's instructions for use. This memorandum is effective immediately.

**EFFECTIVE IMMEDIATELY**

- CMS is rescinding the December 7, 2020, Enforcement Discretion regarding the use of Waiver labs to perform SARS-CoV-2 tests on asymptomatic individuals outside of the test's instructions for use.
- CMS is also rescinding the December 7, 2020, Enforcement Discretion regarding the use of non-waived labs to perform SARS-CoV-2 tests on asymptomatic individuals outside of the test's instructions for use.
- All CLIA certified laboratories must adhere to the test's instructions for use with all SARS-CoV-2 tests.
- In order to continue to use SARS-CoV-2 tests on asymptomatic individuals, a laboratory must be a CLIA certified laboratory.
- In addition, laboratories must establish performance criteria required by the CLIA regulation 42 CFR 493.1253 before reporting test results.



# CDPH Universal Masking Recommendation

- CDPH **strongly recommends** that facilities continue universal masking as:
  - COVID and other respiratory viruses (e.g., influenza, RSV) are circulating
  - LTC facilities house medically vulnerable populations who are at higher risk for severe complications and death resulting from respiratory infections
  - LTC facilities are already experiencing staffing shortages that will be further exacerbated if additional staff are excluded due to illness
  - It will be difficult to implement frequent changes as the county transmission level and facility outbreak status changes

# Update: Illinois Executive Order 2022-12

- Face coverings:
  - For the general public:
    - “All individuals, including those who are fully vaccinated, are recommended to wear a face covering consistent with CDC guidance.”
  - For congregate settings, healthcare settings, and/or where federally required:
    - “All individuals, including those who are fully vaccinated, shall be required to wear a face covering consistent with CDC guidance”

# CDC Guidance Re: Masking

- If a county is experiencing **high** community transmission, all individuals in the facility should be masked in any area where residents may be present
  - If the county's community level is also high, everyone should wear source control regardless of the area of the building
  - If the county's community level is medium or low, HCP could choose not to wear source control when they are in well-defined areas that are restricted from resident access

# CDC Guidance Re: Masking

- If the county is **not** experiencing high community transmission, masking is indicated for individuals who:
  - Have a suspected or confirmed SARS-CoV-2 infection or other respiratory infection;
  - Had close contact (resident or visitor) or a higher-risk exposure (staff) with someone with a SARS-CoV-2 infection, until 10 days have elapsed from the last exposure;
  - Reside or work on a unit or area of the facility experiencing a SARS-CoV-2 outbreak, until 14 days have elapsed following the last known case; and/or
  - Have otherwise had source control recommended by public health authorities.

# ★ Summary of CDC Masking Guidance

Community Transmission	Community Level	Masking Guidance
High	High	Universal masking in facility*
High	Low, Medium	Universal masking in facility where residents are present. Staff can choose not to wear masks in well-defined areas restricted from residents.*
Not High (Substantial, Moderate, or Low)	Low, Medium**	Masking for individuals who have suspected/confirmed COVID or another respiratory infection, had a close contact or high-risk exposure to COVID, live/work in an outbreak-impacted area of the facility, or have otherwise had source control recommended by public health authorities

\* Some exceptions for visitation

\*\* If community level is high, community transmission level will also be high

Sources: <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>; <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>



# CMS Masking Guidance for Visitation (QSO-20-39-NH)

- Same guidance as CDC for **high** transmission levels
  - Exception: “Regardless of the community transmission level, residents and their visitors when alone in the resident’s room or in a designated visitation area, may choose not to wear face coverings or masks...If a roommate is present during the visit, it is safest for the visitor to wear a face covering or mask”
- When the transmission level is **not high**, “the safest practice is for residents and visitors to wear face coverings or masks while in the facility, except during an outbreak...”





# Reminder

The Chicago Department of Public Health **strongly recommends** universal masking in long-term care facilities, regardless of the community transmission level

# Update: Executive Order 2021-22

- Section 2 regarding vaccination and testing requirements of health care workers was **not** renewed
  - Note: Section 5 regarding vaccination requirements at State-Owned or Operated Congregate facilities has been extended through November 12, 2022



# Reminder: CMS Requirement for Staff Vaccination

- Staff at Medicaid and Medicare providers, including LTC facilities, **must** be fully vaccinated (with the exception of those who have been granted exemptions)
  - Fully vaccinated = have received all doses in the primary series



# Reminder: Illinois Emergency Rule Regarding Staff Vaccination and Testing

- For Illinois-based skilled nursing and intermediate care facilities, an Emergency Rule that is still in effect states that:
  - “Each facility shall require its staff who are not up to date on COVID-19 vaccinations to undergo testing for COVID-19, twice weekly, with tests administered at least three days apart. If staff who are not up to date on COVID-19 vaccinations are not tested as required by this subsection, the staff shall not be permitted to enter or work at the facility.”



# Update: CDC Guidance for Testing of Asymptomatic Exposed Residents

- Testing is indicated immediately (but no sooner than 24 hours after exposure), 48 hours after the first negative test, and 48 hours after the second negative test
  - Asymptomatic exposed residents who have had COVID within the prior 30 days do not need to be tested



# Update: CDC Guidance for Quarantine of Asymptomatic Exposed Residents

- In general, asymptomatic exposed residents do not require quarantine; however, the patients should still wear masks for 10 days and, if they have not had COVID within the prior 30 days, should be tested accordingly.
- Examples of when quarantine under transmission-based precautions (TBP) could be considered for asymptomatic exposed residents include:
  - Resident is unable to be tested or wear source control
  - Resident is (or is on a unit with individuals who are) moderately to severely immunocompromised
  - Resident is on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions



# Update: CDC Guidance for Quarantine of Asymptomatic Exposed Residents

- If the facility implements TBP for an asymptomatic exposed residents, those residents should be quarantined as follows:
  - If all post-exposure testing (day 1, 3, and 5) is negative and resident remains asymptomatic, quarantine can be discontinued after 7 days from last exposure
  - If no testing is conducted and resident remains asymptomatic, quarantine can be discontinued after 10 days following the last exposure



# Update: CDC Guidance for Testing and Quarantine of New/Readmissions

- For new admissions and readmissions (i.e., a resident who leaves the facility for >24 hours):
  - If community transmission is **high**, testing should be done upon admission, 48 hours after the first negative test, and 48 hours after the second negative test
    - Exception: Asymptomatic residents who have had COVID within the prior 30 days
  - If community transmission is **not high**, new/readmission testing is at the discretion of the facility
- New/readmissions should wear masks for 10 days following their (re)admission
- Quarantine is generally not necessary for asymptomatic new/readmissions



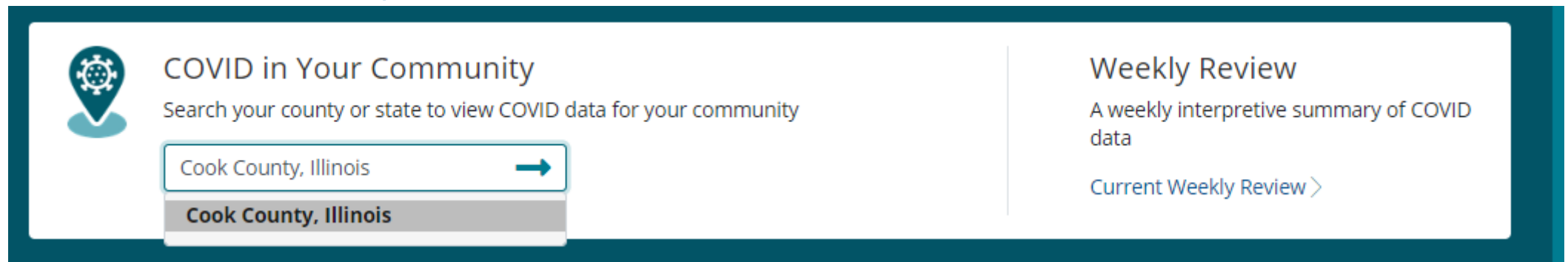


# Switching Practices Based on Community Transmission Level Changes

- If community transmission goes from **high** to **not high**, facilities should monitor the transmission level for two weeks before implementing changes allowed under “not high” transmission.
- If community transmission goes from **not high** to **high**, facilities should implement changes indicated under high transmission immediately.

# ★ Finding Community Level/Community Transmission

- Go to the CDC COVID Data Tracker webpage: <https://covid.cdc.gov/covid-data-tracker/>
- Select Cook County, Illinois



**COVID in Your Community**  
Search your county or state to view COVID data for your community

Cook County, Illinois →

Cook County, Illinois

**Weekly Review**  
A weekly interpretive summary of COVID data

[Current Weekly Review >](#)

# ★ Community Level

- There is a circle to the right of the table header that shows the current community level

## Cook County, Illinois

[State Health Department](#) 

### COVID-19 Community Level

 Low

Recommended actions based on current level

- Additionally, the default map view shows community level:

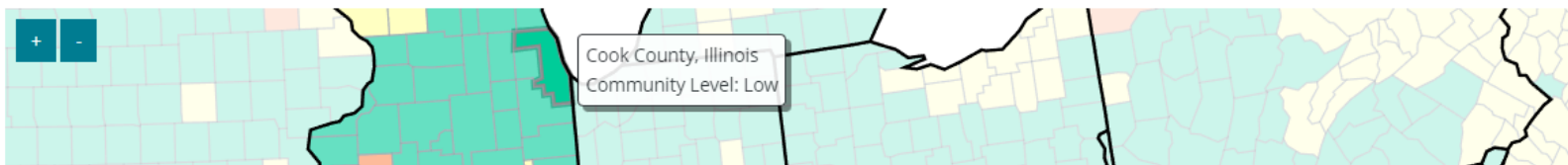
Data Type:

COVID-19 Community Levels

Map Metric:

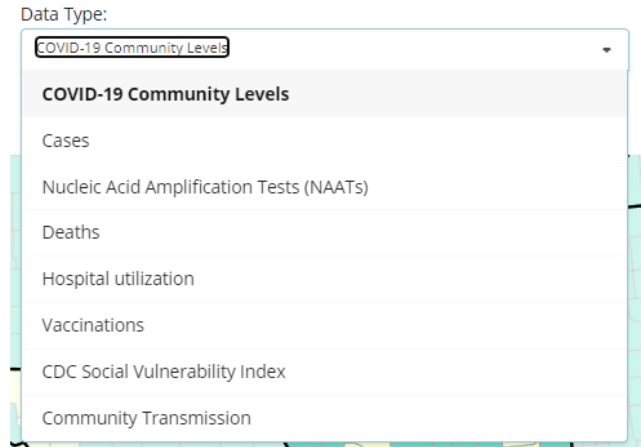
COVID-19 Community Levels

Download Image



# ★ Community Transmission

- To change to community transmission, select “Community Transmission” in the data type dropdown list



Data Type:

Community Transmission

Map Metric:

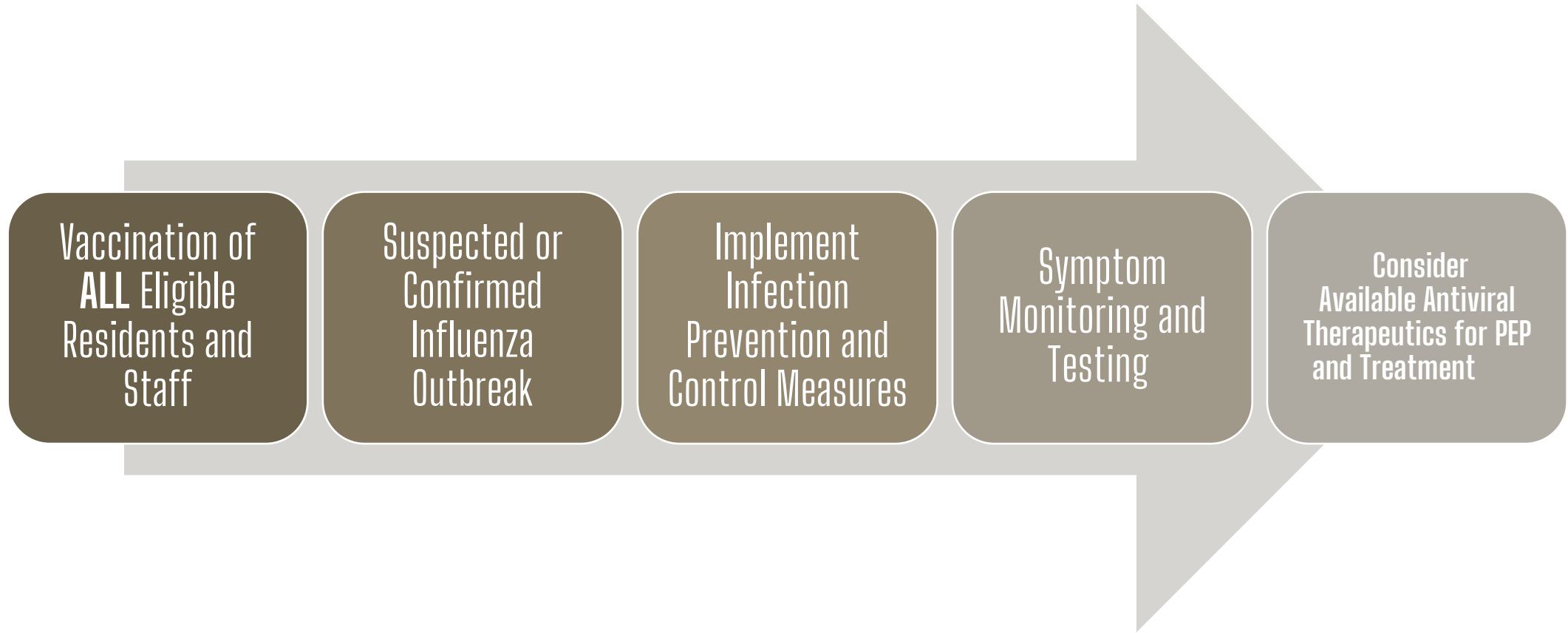
Community Transmission



# **Updating Facility Policies**

- Prior to changing any practices resulting from updated federal, state, or local guidance, please ensure that you revise your facility policies accordingly

# Influenza Response



# Influenza Signs & Symptoms

- Signs and symptoms of Influenza (flu) usually come on suddenly. Routine symptom monitoring and surveillance is necessary to identify symptomatic residents.
- People who are sick with flu often feel some or all of these symptoms:
  - Fever/feeling feverish or chills
  - Cough
  - Sore throat
  - Runny or stuffy nose
  - Muscle or body aches
  - Headaches
  - Fatigue (tiredness)
  - Vomiting and diarrhea (possible but more common in children than adults)

# Influenza & COVID-19 Similarities

**Both COVID-19 and flu** can have varying degrees of symptoms, ranging from no symptoms (asymptomatic) to severe symptoms. Common symptoms that COVID-19 and flu share include:

- Fever or feeling feverish/having chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue (tiredness)
- Sore throat
- Runny or stuffy nose
- Muscle pain or body aches
- Headache
- Vomiting
- Diarrhea (more frequent in children with flu, but can occur in any age with COVID-19)





# Differences in Influenza & COVID-19

- Influenza (flu) and COVID-19 are both contagious respiratory illnesses but are caused by different viruses.
- Key differences between them are found in spread, transmission time, and complications.

Influenza	COVID-19
<ul style="list-style-type: none"><li>• Symptoms typically begin 1-4 days after infection.</li></ul>	<ul style="list-style-type: none"><li>• Symptoms typically begin 2-5 days, and up to 14 days after infection.</li></ul>
<ul style="list-style-type: none"><li>• Most are contagious 1 day before symptoms onset and are most contagious during the first 3-4 days of their illness.</li></ul>	<ul style="list-style-type: none"><li>• Most are contagious 2-3 days before symptoms onset and for about 8 days after symptoms began. Asymptomatic spread is also common.</li></ul>
<ul style="list-style-type: none"><li>• Most will recover on their own in a few days to two weeks.</li></ul>	<ul style="list-style-type: none"><li>• Anyone who has had COVID-19 can possibly experience post-COVID conditions, ranging weeks or months.</li></ul>



# ★ Is it Flu? Is it COVID?

- Only way to know for sure is **TESTING**.
- What is your facilities flu testing program?
  - Rapid point-of-care (done in house)?
  - PCR (send to outside lab)?
  - Send symptomatic patients to the hospital?
- Use rapid COVID-19 testing to rule out COVID-19.
  - Consider what virus is present in your facility when making treatment decisions.
- **Co-infections can occur.**





# Antiviral Options for Post-Exposure Prophylaxis and Treatment

- **Neuraminidase inhibitors**, oral oseltamivir\* (Tamiflu) and inhaled zanamivir have activity against both influenza A and B viruses.

Antiviral Agent	Activity Against	Use	Recommended For	Not Recommended for Use in	Adverse Events
Oral Oseltamivir*	Influenza A and B	Treatment	Any age <sup>1</sup>	N/A	Adverse events: nausea, vomiting, headache
Inhaled Zanamivir	Influenza A and B	Treatment	7 yrs and older	People with underlying respiratory disease (e.g., asthma, COPD)	Adverse events: risk of bronchospasm, especially in the setting of underlying airways disease; sinusitis, and dizziness.

\*Oral oseltamivir (Tamiflu) is the antiviral drug of choice in LTCF settings

# ★ Post Exposure Prophylaxis (PEP)

Post exposure prophylaxis (aka antiviral chemoprophylaxis) is highly effective in preventing influenza illness and is a key component of influenza outbreak control in institutions that house residents at higher risk of influenza complications.

WHO	WHEN
<ul style="list-style-type: none"><li>• All non-ill residents living on the same outbreak affected unit.</li></ul>	<ul style="list-style-type: none"><li>• Facility with presumed/confirmed outbreak</li></ul>
<ul style="list-style-type: none"><li>• Personnel who provide care to persons at high risk of influenza complications can be offered PEP as well.</li></ul>	<ul style="list-style-type: none"><li>• Within 48 hours of exposure</li></ul>
<ul style="list-style-type: none"><li>• Consider for other staff if the outbreak is caused by a strain of influenza virus that is not well matched by the vaccine</li><li>• In personnel for whom vaccine is contraindicated or based on other factors.</li></ul>	<ul style="list-style-type: none"><li>• If newly vaccinated, up to 2 weeks post vaccine</li></ul>

# ★ Antiviral Treatment



WHO		WHEN
Severe illness or <b>high risk</b> of developing severe illness/complications		Administer w/in 48 hours of symptom onset, however treatment can still help if given to the very ill.
>65 years old	Hx of Stroke/CVD	5-day regimen is typical, but dosage varies based on age/medical history.
Chronic Lung Disease/ Asthma	Diabetes	
Liver Disorders	Neurologic/developmental conditions	Obtain standing orders for treatment in order to act quickly.
Obesity	Asthma	



# Questions & Answers

## A special thanks to:

### CDPH HAI SNF Team:

Dr. Stephanie Black  
Shannon Xydis  
Hira Adil  
Liz Shane  
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Matthew Mondlock  
Brittney Pitchford  
Tasa Procter  
Michelle Gardner  
Kelly Walblay  
Sidney Thigpen  
Linda Li

**For additional resources and upcoming events,  
please visit the CDPH LTCF HAN page at:**  
<https://www.chicagohan.org/covid-19/LTCF>